



July 2021

# CHILD WELFARE

## Pandemic Posed Challenges, but also Created Opportunities for Agencies to Enhance Future Operations



A Century of Non-Partisan Fact-Based Work

# GAO@100 Highlights

Highlights of [GAO-21-483](#), a report to congressional committees

## Why GAO Did This Study

The Coronavirus Disease 2019 (COVID-19) pandemic has raised concerns about the welfare of children and disruptions to child welfare services.

This work was conducted as part of GAO's COVID-19 monitoring and oversight responsibilities under the CARES Act. It examines (1) challenges child welfare agencies reported as a result of the pandemic; (2) actions these agencies reported taking to respond to challenges, including using the additional funds and other supports provided by HHS; and (3) practices agencies reported they may continue based on what they learned during the pandemic.

GAO interviewed and gathered information from officials at HHS; five state and 10 local child welfare agencies in California, Florida, Illinois, New York, and Texas, selected for factors such as high numbers of children in foster care and confirmed COVID-19 cases; and eight national organizations with child welfare expertise. GAO also reviewed relevant federal laws, regulations, and HHS guidance; analyzed reports states submitted to HHS in July 2020 about their plans for using CARES Act funds; and conducted a survey between December 2020 and February 2021 of child welfare administrators in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands (referred to as states).

View [GAO-21-483](#). For more information, contact Kathryn Larin at (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov).

July 2021

## CHILD WELFARE

### Pandemic Posed Challenges, but also Created Opportunities for Agencies to Enhance Future Operations

#### What GAO Found

Child welfare officials GAO interviewed in five selected states reported challenges affecting both child protective and foster care services during the pandemic in 2020-2021. Officials interviewed in all five state and 10 local child welfare agencies noted concerns about unreported child abuse and neglect, as children had less contact with mandated reporters such as teachers and doctors due to school and office closures. Officials also discussed challenges initially accessing technology and personal protective equipment needed to reduce health risks to staff and families. In addition, officials in four state and all 10 local agencies discussed delays in child welfare hearings because of court closures, which can affect when children can reunify with their parents or be adopted.

Aided by federal funding and other supports provided by the Department of Health and Human Services (HHS), child welfare agencies reported navigating pandemic challenges by increasing assistance to families and providing virtual services. HHS distributed CARES Act funds in amounts ranging from \$15,686 to \$4,690,717 to states for certain child welfare services, and provided various flexibilities to allow child welfare agencies to adapt their work. Child welfare officials in 35 of the 53 states GAO surveyed reported that they had reached out to support families who had previously been in contact with the agency to offer assistance, such as with food, diapers, and formula. Officials in GAO's survey also reported that most agencies in their state had implemented various forms of virtual services. This included facilitating visits for children in foster care to spend time with their biological families (52 states), participating in court hearings (47 states), and providing virtual health services (35 states).

Child welfare officials in the 53 states GAO surveyed reported that they may continue providing virtual services (see figure), strengthening stakeholder partnerships, and updating disaster plans after the pandemic ends. Officials interviewed in all five state and 10 local agencies discussed benefits they observed when providing virtual services, such as increased options for children in foster care to spend time with their biological families (e.g., virtual dinners and bedtime stories). In addition, these officials discussed considerations for determining when virtual services are appropriate. Officials in all of the state and local agencies also discussed the importance of stakeholder communication and partnerships, such as with community organizations and health and education departments, which allowed them to quickly share information and serve families. Lastly, officials in all of these agencies discussed being unprepared for the pandemic. Officials in several agencies said they needed to update their disaster plans, for example, to include health safety guidance.

#### Virtual Services Child Welfare Agencies May Continue after the COVID-19 Pandemic



Case planning meetings



Family time



Caseworker visits



Court hearings



Telehealth visits

Source: GAO survey of state child welfare administrators. | [GAO-21-483](#)

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## Abbreviations

ACF	Administration for Children and Families
COVID-19	Coronavirus Disease 2019
HHS	Department of Health and Human Services
PPE	personal protective equipment

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July 29, 2021

### Congressional Committees

The ongoing Coronavirus Disease 2019 (COVID-19) pandemic and its widespread effects on communities around the nation have raised concerns about the well-being of children and families and the continuity of child welfare services during this time, as well as potential long-term effects on this population. We reported in November 2020 on concerns raised by representatives from national organizations with child welfare expertise about potential unreported child abuse during the pandemic, particularly as families may have experienced increased stress and children had less frequent contact with those mandated to report child abuse and neglect, such as teachers and doctors. We also reported on challenges child welfare agencies faced early in the pandemic accessing personal protective equipment and technology needed to protect the health of caseworkers, families, and children in foster care while continuing visits to ensure children's safety and well-being.<sup>1</sup>

We conducted this work on child welfare services during the pandemic as part of GAO's COVID-19 monitoring and oversight responsibilities under the CARES Act.<sup>2</sup> The CARES Act appropriated \$45 million for child welfare services to prevent, prepare for, and respond to COVID-19.<sup>3</sup> The Department of Health and Human Services (HHS) distributed these funds in April 2020. This report examines: (1) challenges child welfare agencies reported as a result of the COVID-19 pandemic; (2) actions these agencies reported taking to respond to challenges, including using the additional funds and other supports provided by HHS; and (3) practices agencies reported they may continue based on what they learned during the pandemic.

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<sup>1</sup>GAO, *COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response*, [GAO-21-191](#) (Washington, D.C.: Nov. 30, 2020).

<sup>2</sup>Pub. L. No. 116-136, § 19010, 134 Stat. 281, 579-81 (2020). We regularly issue government-wide reports on the federal response to COVID-19. For the latest report, see GAO, *COVID-19: Continued Attention Needed to Enhance Federal Preparedness, Response, Service Delivery, and Program Integrity*, [GAO-21-551](#) (Washington, D.C.: July 19, 2021). Our next government-wide report will be issued in October 2021 and will be available on GAO's website at <https://www.gao.gov/coronavirus>.

<sup>3</sup>*Id.* at 134 Stat. 559.

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To examine all three of our objectives, we interviewed and gathered information from officials from HHS's Administration for Children and Families (ACF), state and local child welfare agencies in five states, and eight national organizations with child welfare expertise. For our interviews with child welfare agencies, we spoke with state officials in California, Florida, Illinois, New York, and Texas. We selected these states based on factors such as high numbers of children in foster care, high numbers of confirmed COVID-19 cases, variety in child welfare administration systems (e.g., state- versus county-administered), and geographic diversity. In each state, we also spoke with local officials in two counties, which we selected based on the factors described above as well as variety in population density (i.e., rural versus urban). Our interviews with child welfare officials included administrators, managers, and child protective service workers (e.g., investigators). The information obtained in selected states and localities is not generalizable to all states and localities, and is meant to provide illustrative examples. For our interviews with national organizations, we selected organizations to provide a variety of perspectives. For example, these organizations include those that conduct child welfare related advocacy, training, and research, and specialize in certain aspects of child welfare, such as workforce, foster youth, and family courts. Because we had previously reported on challenges for child welfare agencies described by representatives from these national organizations in November 2020, we focus this report on responses provided by child welfare officials.<sup>4</sup> We gathered and reviewed relevant documents and literature to corroborate information obtained in our interviews.

To provide additional information on actions child welfare agencies reported taking and practices they reported they may continue, we reviewed relevant federal laws, regulations, and HHS guidance; analyzed reports states submitted to HHS in July 2020 about their plans for using funds provided under the CARES Act; and conducted a web-based survey of child welfare administrators in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The survey was conducted between December 2020 and February 2021. We received 52 responses to our survey for a response rate of 98 percent. The survey included four open- and closed-ended questions about (1) practices child welfare agencies implemented to respond to the pandemic, (2) practices agencies are considering continuing after the pandemic ends, (3)

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<sup>4</sup>See [GAO-21-191](#).

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additional HHS supports that may be helpful to agencies, and (4) any additional comments about child welfare practices, HHS information, and the COVID-19 pandemic.<sup>5</sup>

To ensure the quality and reliability of the survey, we pretested the questionnaire with four states that vary in percentage of children in foster care out of the nationwide total, child welfare administration systems (e.g., state- versus county-administered), and geographic location. We conducted the pretests to check (1) the clarity and flow of the questions, (2) the appropriateness of the terminology used, (3) if the information could be easily obtained and whether there were concerns about the reliability of data that would be collected, and (4) if the survey was comprehensive and unbiased. We revised the questionnaire based on the pretests. We reviewed survey responses to assess if they were consistent and contained all relevant information, and followed up as necessary to determine that states' responses were complete, reasonable, and sufficiently reliable for the purposes of this report.

We conducted this performance audit from May 2020 to July 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

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### Overview of Child Welfare Services

State and local child welfare agencies provide a continuum of services intended to prevent the abuse or neglect of children; ensure they have

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<sup>5</sup>In an effort to reduce burden on state child welfare administrators, the survey was conducted in coordination with three other GAO studies on (1) reinvestment of adoption assistance savings; (2) data exchange agreements with the Social Security Administration related to represented minor beneficiaries; and (3) protections and supports for LGBTQ+ and religious foster youth and parents. In addition to the 50 states and the District of Columbia, the survey was administered to Puerto Rico and the U.S. Virgin Islands to meet needs across the GAO studies. In this report, we include all 53 entities surveyed and refer to them as "states" in our survey results. However, we do not include territories in other data presented. We also did not include tribes or tribal organizations in our report, though they may provide child welfare services and receive federal support for their programs. Oklahoma did not respond to the survey.

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safe, permanent homes; and promote the well-being of families.<sup>6</sup> Generally, after receiving a report of suspected child abuse or neglect, child protective investigators follow up on the report and assess family needs. For example, an investigator may speak with the child and their family, and visit the home to assess the physical environment. If needed, the agency may arrange services to help support the family, such as counseling, parenting classes, and substance abuse treatment programs. Such services can help stabilize families to prevent situations in which a child may need to enter foster care. If the agency, in coordination with a juvenile or family court, determines that the child cannot safely remain at home, it will remove the child and place them in foster care. For example, the child welfare agency may work with private foster care providers to place children with unrelated foster parents, with relatives, or in congregate care settings, such as a group home or residential treatment facility.<sup>7</sup>

For children in foster care, the child welfare agency is responsible for ensuring each child's well-being and meeting their health, educational, and other needs. For example, foster care caseworkers are required to visit each child in their foster care placement setting at least monthly. They may also facilitate regular visits so that the child can spend time with their biological parents and siblings.<sup>8</sup> In addition, caseworkers may coordinate physical and mental health, education, child care, and transportation services, and arrange meetings that may include the child, their parents, relatives, foster family, and other service providers to develop a plan for the child to receive needed services and exit foster

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<sup>6</sup>Though not all functions of child welfare agencies may be considered services, we refer to all of their functions generally as "child welfare services" in this report for readability.

<sup>7</sup>State and local child welfare agencies investigated or assessed nearly 2.4 million reports of child abuse or neglect in fiscal year 2019, the most recent year of data available. Sixteen percent of reports were substantiated, where the child is determined to have been abused or neglected or at risk thereof under state law or policy, though the majority of reports were not. See U.S. Department of Health and Human Services, *Child Maltreatment 2019* (Washington, D.C.: Jan. 14, 2021). Of over 251,000 children who entered foster care in fiscal year 2019, common reasons for their removal involved neglect (63 percent) and parents' drug abuse (34 percent). Of nearly 424,000 children in foster care in fiscal year 2019, most were commonly placed with unrelated foster families (46 percent), with relatives (32 percent), and in congregate care settings, such as group homes and institutions (10 percent). See U.S. Department of Health and Human Services, *The AFCARS Report*, No. 27 (Washington, D.C.: June 23, 2020).

<sup>8</sup>Though we refer to biological parents and siblings in this report, children in foster care may also visit with others, such as guardians, relatives, and family friends.

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care with a permanent home (e.g., reunifying with their parents or being adopted). The agency may continue to provide supports after a child exits foster care, such as to adoptive families and guardians. For children who age out of foster care without a permanent placement with a family, caseworkers may arrange for transitional supports, such as housing and job search services.<sup>9</sup>

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## Federal Funds to Support Child Welfare Agencies

ACF administers several federal funding sources that states can use for child welfare services, in addition to state, local, and other funds. For example, funding appropriated under Title IV-E of the Social Security Act is available to states to help cover the costs of operating their foster care, adoption assistance, and guardianship assistance programs.<sup>10</sup> For foster care, this can include payments to foster families and providers to help cover the costs of care for eligible children (e.g., food, clothing, and shelter) and for certain administrative expenses. The Family First Prevention Services Act amended Title IV-E, among other changes, to also make optional federal funding available to states to help cover the costs of providing certain time-limited prevention and kinship navigator services.<sup>11</sup> These services are intended to enhance supports to families to prevent them from entering the foster care system and help kin caregivers (e.g., relatives) learn about, find, and use needed services in raising children in their care. In addition, states may use funding under Title IV-E for services to support older youth who will or have recently transitioned out of foster care to live on their own.<sup>12</sup> Title IV-B of the Social Security Act provides funding to states to use for a range of child

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<sup>9</sup>In fiscal year 2019, about 249,000 children exited foster care, most commonly through reunifications with their parents or primary caretakers (47 percent), adoptions (26 percent), guardianships (11 percent), and aging out (8 percent). See U.S. Department of Health and Human Services, *The AFCARS Report*, No. 27.

<sup>10</sup>42 U.S.C. §§ 670-679c.

<sup>11</sup>Pub. L. No. 115-123, div. E, tit. VII, sub. A, pt. 1, § 50713, 132 Stat. 64, 245 (2018) (amending 42 U.S.C. § 674(a)(7)).

<sup>12</sup>The Family First Prevention Services Act amended Title IV-E to allow states to provide services to youth up to age 23 under certain circumstances, and to make transition services available to youth who have experienced foster care at age 14 or older. *Id.* § 50753(a)(1), (d)(1)(2)(A), 132 Stat. at 64, 263, 265 (amending 42 U.S.C. § 677(a)).

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welfare services, from preventing the abuse and neglect of children to supporting families who have reunified or who have adopted children.<sup>13</sup>

Additional funds were appropriated for child welfare services through several laws enacted in 2020 in response to the COVID-19 pandemic. For example:

- The Families First Coronavirus Response Act, enacted in March 2020, increased federal funding to states for their foster care, adoption assistance, and guardianship assistance programs under Title IV-E.<sup>14</sup>
- The CARES Act, also enacted in March 2020, provided funds for child welfare services as authorized by Title IV-B Subpart 1 to prevent, prepare for, and respond to COVID-19.<sup>15</sup>
- The Supporting Foster Youth and Families through the Pandemic Act, enacted in December 2020, provided additional funds and flexibilities for certain programs under Titles IV-B and IV-E, including services to promote safe and stable families and to support older youth in foster care.<sup>16</sup>

In addition to administering funds, ACF is responsible for monitoring states' implementation of programs under Titles IV-E and IV-B. ACF conducts periodic Title IV-E reviews of child welfare agencies' case

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<sup>13</sup>42 U.S.C. §§ 620-629m. The two primary programs under Title IV-B are the Stephanie Tubbs Jones Child Welfare Services Program (Subpart 1) and the MaryLee Allen Promoting Safe and Stable Families Program (Subpart 2).

<sup>14</sup>Pub. L. No. 116-127, § 6008, 134 Stat. 178, 208 (2020).

<sup>15</sup>Pub. L. No. 116-136, div. B, tit. VIII, 34 Stat. 281, 559 (2020). The statutory purposes of Title IV-B Subpart 1 are to (1) protect and promote the welfare of all children; (2) prevent the abuse, neglect, and exploitation of children; (3) support at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promote the safety, permanence, and well-being of children in foster care and adoptive families; and (5) provide training, professional development and support to ensure a well-qualified child welfare workforce. 42 U.S.C. § 621.

<sup>16</sup>Pub. L. No. 116-260, tit. XIV, div. X, §§ 3, 6, 134 Stat. 1182, 2409, 2413 (2020). The statutory purposes of Title IV-B Subpart 2 are to (1) prevent maltreatment among families at risk through the provision of supportive family services, (2) assure children's safety at home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively, (3) address problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner, and (4) provide support services as necessary to adoptive families so that they can make a lifetime commitment to their children.

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records and payment documentation to ensure that funds covering the federal share of costs to help care for children in foster care are provided on behalf of eligible children.<sup>17</sup> ACF also reviews states' 5-year Child and Family Services Plans and Annual Progress and Services Reports required under Title IV-B. Child and Family Services Plans set forth a state's vision, goals, and objectives to strengthen its child welfare system, and documents the state's compliance with federal program requirements.<sup>18</sup> For example, states are required to include in their plans procedures that address how programs under Titles IV-E and IV-B would respond to a disaster. In addition, Annual Progress and Services Reports provide annual updates on the progress made by states toward their goals and objectives.<sup>19</sup>

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**Pandemic Challenges  
Reported by Selected  
Child Welfare  
Agencies Included  
Concerns about  
Unreported Child  
Abuse, Health Risks  
to Staff, and Delays in  
Court Hearings**

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**Concerns about  
Unreported Child Abuse  
and Neglect**

Officials in all of the five state and 10 local child welfare agencies with whom we conducted interviews said they observed declines in the number of child abuse and neglect reports made to their agencies, particularly during the early months of the pandemic, raising concerns

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<sup>17</sup>45 C.F.R. § 1356.71.

<sup>18</sup>45 C.F.R. § 1357.15.

<sup>19</sup>45 C.F.R. § 1357.16.

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about unreported cases.<sup>20</sup> Our analysis of data from one state agency, for example, showed that its child abuse and neglect reports dropped by about 20 percent, on average, for each month between January and September 2020, compared to those same time periods in 2019. The largest decline occurred in April 2020, in which reports were 49 percent lower than in April 2019. Declines in the number of reports did not necessarily mean that fewer instances of child abuse and neglect occurred. Rather, officials we interviewed in several state and local agencies said these declines likely happened because people who are mandated to report in those jurisdictions, such as teachers and doctors, had less contact with children and thus, were less able to identify possible child abuse and neglect. For example, officials in one local agency said they believed their decrease in reports occurred because children were not going to school, doctor appointments, and church.<sup>21</sup>

Officials we interviewed in two of the five state and six of the 10 local child welfare agencies shared varied observations about the impact of the pandemic on the incidence of child abuse and neglect, as families may have experienced financial distress and social isolation that can negatively affect their well-being. For example, officials in one local agency said family conditions worsened during the pandemic as some family members were laid off from jobs and the mental health of some parents deteriorated. Officials in most state and local child welfare agencies said they observed more severe cases of abuse during this time, such as increases in the number of cases involving burns and bone fractures and in the number of investigations requiring removal of the child from the home. Officials in one local agency said they saw more

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<sup>20</sup>We conducted our interviews with state and local child welfare officials using a semi-structured interview protocol, which included open-ended questions on challenges, actions taken, and lessons learned during the pandemic, among other topics. Officials volunteered their responses to these open-ended questions, and thus the counts of officials in state and local agencies citing such responses vary. We also use indefinite quantifiers in this report, such as “several” and “many,” in some cases to quantify responses from officials across the five state and 10 local agencies (15 total). These quantifiers are defined as follows: “few” represents 2 to 4 agencies; “several” represents 5 to 7 agencies; “most” represents 8 to 9 agencies; “many” represents 10-12 agencies; and “nearly all” represents 13-14 agencies.

<sup>21</sup>In 2019, the largest sources of child abuse and neglect reports were education (21 percent of reports); legal and law enforcement (19.1 percent); and medical personnel (11 percent). We reported in November 2020 that almost all school districts had rapidly shifted to distance learning in spring of the 2019-2020 school year due to the pandemic. See GAO, *Distance Learning: Challenges Providing Services to K-12 English Learners and Students with Disabilities during COVID-19*, [GAO-21-43](#) (Washington, D.C.: Nov. 19, 2020).

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cases reported by hospitals, law enforcement, and family members. This could be, in part, because potential child abuse or neglect was not visible until it became more severe. Officials in two state and three local agencies said they have not observed more severe cases. For example, officials in one local agency said they thought they would have seen more severe cases during the pandemic, but had not. Further, they said their data show the number of investigations requiring removal of the child was similar to pre-pandemic trends.

Despite concerns about unreported child abuse and neglect stemming from reporting declines during the early months of the pandemic, officials we interviewed in many state and local child welfare agencies noted that their reporting trends had begun to return to pre-pandemic levels in summer and fall 2020. For example, officials in three state and six local agencies told us that their decrease in reports did not appear as dramatic during the summer months when children went on summer break and child welfare agencies typically see fewer cases. As children returned to school in fall 2020, either in-person or virtually, officials in three of the five state and seven of the 10 local agencies said they saw their reporting trends return to levels observed in prior years.

Though the most recent nationwide data on child abuse and neglect are from 2019, ACF has a project underway to help assess the impact of the pandemic on child abuse and neglect and examine current trends in the child welfare system. The project involves collecting available state-level data on key child welfare metrics to produce monthly reports using “real-time” data. Such data may include the number of child abuse and neglect reports made to child welfare agencies, the number of investigations and cases substantiated, the percentage of cases involving physical abuse versus neglect, and the number of foster care entries and exits. ACF officials said they are collecting such data from states in 2021, and will soon make this information publicly available.

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## Health Risks to Staff and Families

Officials we interviewed in all of the five state and 10 local child welfare agencies discussed how the pandemic increased health risks to staff and families, who typically meet in-person for investigations and caseworker visits. For example, officials in one local agency told us that they had to shift work responsibilities to fill in for multiple staff who had tested positive for COVID-19. Officials we spoke with in most state and local child welfare agencies underscored the anxiety and nervousness felt by frontline staff about their health, given the risks involved with their work and the number of staff who tested positive for COVID-19.

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Officials in nearly all of the state and local child welfare agencies also spoke about challenges they experienced accessing technology and personal protective equipment (PPE) needed to protect the health of staff and families, particularly during the early months of the pandemic, though officials in many agencies said access improved over time. For example, officials in one local agency said the move to remote work was challenging for child welfare managers, supervisors, and administrative assistants, who needed to acquire laptops and other equipment. Officials in another local agency said their laptops did not have videoconferencing capabilities needed to meet with staff and families virtually. Even if staff had technology needed to do their job, officials in five state and seven local agencies said some families, including foster families, did not have technology or reliable internet needed to participate in virtual meetings, particularly those in low-income and rural communities. In cases where in-person meetings may still be needed (e.g., child abuse investigations), officials we spoke with in four of the five state and seven of the 10 local agencies said acquiring PPE for staff and families was challenging amid nationwide shortages.<sup>22</sup> Officials in one local agency also said concerns about health risks made some foster families reluctant to participate in in-person caseworker visits. As the pandemic continued, officials in nearly all state and local agencies said PPE and technology has become more readily accessible.

Officials in three of the five state and nine of the 10 local child welfare agencies also expressed concerns about placements in foster care, given health risks resulting from the pandemic. For example:

- Officials in many agencies reported concerns about placements with families. Specifically, officials in six local agencies discussed

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<sup>22</sup>One study that surveyed child welfare administrators, managers, and frontline staff in four states on challenges they experienced during the pandemic found similar challenges with accessing technology and PPE. For example, staff reported on challenges they had connecting with families who were not “tech savvy” or did not have reliable phone or internet access, particularly in rural areas. In addition, staff reported that it took 2 months before they were provided with face masks that they had to use repeatedly, despite their status as essential workers. See A.S. He, K. Golieb, M. Keniston, A. Grenier, and R. Leake, *COVID-19 Workforce Needs Assessment Cross-site Report for Workforce Excellence Public Child Welfare Sites* (Albany, NY: November 2020). In addition to this study, ACF is currently conducting the National Survey of Child and Adolescent Well-Being III, which intends to provide nationally representative information from child welfare administrators, managers, and frontline staff about their experiences during the pandemic. ACF officials said they plan to publish results from the survey in September or October 2021.

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difficulties finding placements for children because of concerns from foster families about caring for newly placed children, particularly when these children may have been exposed to the virus. In addition, officials in three state and two local agencies shared concerns about placing children in foster care with older caregivers because these caregivers may be more vulnerable to COVID-19 complications than the general population.<sup>23</sup>

Similarly, officials in several agencies discussed concerns about placements with foster care providers, including those providing congregate care. Officials in one local agency said some congregate care facilities in their area had outbreaks because staff may have contracted the virus outside of work and inadvertently exposed children when they returned. Officials in another local agency we interviewed in December 2020 said they were seeing a resurgence of COVID-19 cases primarily in these residential facilities.

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## Delays in Court Hearings

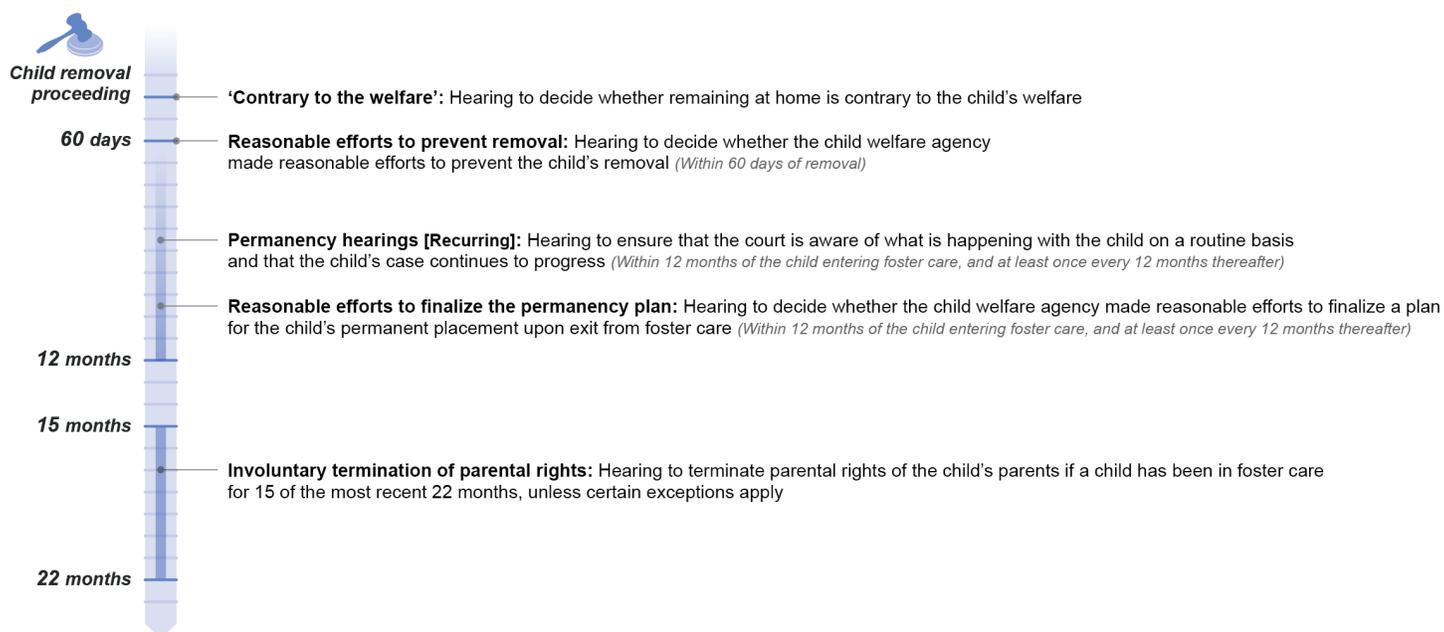
Officials we interviewed in four of the five state and all 10 local child welfare agencies expressed concerns about delays in child welfare hearings during the pandemic because many courts closed or operated in a limited capacity. These officials described how courts in their area temporarily ceased hearings, or prioritized the types of hearings they would hold, such as scheduling hearings about whether to detain youth who may have committed infractions over hearings to determine a plan for children in foster care to reunify with their families or be adopted. Officials in most state and local agencies said delays in these types of hearings can negatively impact children and families in the foster care system. For example, officials in one local agency said court delays have prevented them from engaging with biological parents to develop and implement a plan to reunify with their children. Similarly, officials in another local agency said court delays can affect when family visits take place, and when children can return home. Officials in three local agencies also said court delays have caused children who are waiting to be adopted to linger in foster care. Officials in several state and local agencies told us that, because of the pandemic, courts in their jurisdiction have not been able to meet timeframes typically required for child welfare

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<sup>23</sup>We previously reported that about 2.7 million children lived with kin caregivers—grandparents, other relatives, or close family friends—because their parents were unable to care for them, in addition to 139,000 children placed with such caregivers through the foster care system in 2018. We reported further that the average age of grandparent caregivers rose from 55 in 2005 to nearly 59 in 2018. See GAO, *Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers*, [GAO-20-434](#) (Washington, D.C.: July 10, 2020).

cases. Examples of the types of child welfare hearings held by courts and their timeframes are outlined in figure 1.

**Figure 1: Examples of Child Welfare Court Hearings and Their Timeframes**



Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-21-483

Note: Child welfare agencies are generally required to meet these timeframes as a condition for receiving federal funds under Title IV-E of the Social Security Act. States may have additional requirements for child welfare court hearings.

Though officials we interviewed in nearly all of the agencies said their courts have taken measures to resume operations virtually, officials in two of the five state and eight of the 10 local child welfare agencies discussed continuing challenges with court delays. For example, officials in most state and local agencies said despite moving to remote hearings, some courts continued to operate in a limited capacity and experience backlogs, and have faced challenges transitioning to a virtual environment. Officials in two state and four local agencies explained that most courts have struggled to quickly adapt to the use of technology, in addition to challenges some families may have in accessing technology needed to participate in virtual court hearings.

## Service Disruptions for Children and Families

Officials we interviewed in four of the five state and seven of the 10 local child welfare agencies expressed concerns about ongoing disruptions to health and other services for children and families, as many providers

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limited their operations or closed their doors because of the pandemic. For example, officials in one local agency said special education and mental health service providers in their area stopped delivering services because they did not want to risk their health. Similarly, officials in another local agency said they faced challenges obtaining services for children and families, including mental health and substance use treatment as well as required drug tests for parents.

Officials we interviewed in four local child welfare agencies said the lack of access to services can negatively affect the well-being of children and families, and officials in a few agencies said this can disrupt efforts to reunify them. For example, officials in one local agency explained that some families may receive in-home parenting services that are ordered by the court as a condition for the child to stay in the home. However, these officials said if such services cannot be delivered, the child may be placed in foster care. Officials in another local agency said service disruptions can affect whether parents are able to follow through with court-ordered services required for reunification. Officials in a few agencies said they were concerned that parents who are unable to complete court-ordered services may be at risk of having their parental rights terminated.<sup>24</sup> Officials in a few agencies said social isolation due to stay-at-home advisories and remote learning has increased mental health needs for children in foster care. Officials in one local agency said this has resulted in some children running away from their foster homes.

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## Impacts of the Economic Crisis

Officials we interviewed in several child welfare agencies described concerns about the impact of the economic crisis stemming from the pandemic on their agencies' budget and operations. Officials in a few agencies in one state told us about budget cuts to their agencies due, for example, to decreases in state revenue from taxes and tourism. Similarly, officials in one local agency said expenditures their agency made to respond to the pandemic (e.g., for technology and PPE) depleted the funding they had set aside for developing and implementing evidence-based prevention programs, in keeping with federal priorities to support

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<sup>24</sup>Child welfare agencies receiving federal funds under Title IV-E are required to initiate a petition to terminate a parent's rights if the child has been in foster care for 15 out of the most recent 22 months, unless the child is being cared for by a relative, the agency has not provided the family with services needed for a safe return of the child, or the agency has documented a compelling reason that filing a petition is not in the child's best interests. 42 U.S.C. § 675(5)(E), 45 C.F.R. § 1356.21(i)(1)(i), (2). ACF issued a letter to child welfare leaders in June 2020 that urged agencies to carefully consider whether it is appropriate to terminate a parent's rights given service disruptions during the pandemic, and highlighted some service delivery strategies.

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families and prevent children from entering foster care. Though officials in all of the state and local child welfare agencies described how they were able to respond to the pandemic, officials in a few of these agencies said budget cuts may affect their ability to support foster families as well as providers. In addition, officials in one state agency said some local agencies have had to furlough staff.

Officials we interviewed in four of the five state and seven of the 10 local child welfare agencies also expressed concerns about the impact of the economic crisis on the financial status and well-being of families and providers. Officials in several agencies said foster families, which can include kin caregivers, may have lost jobs, as well as child care due to school closures. Officials in a few agencies said foster care providers, including those providing congregate care, also may have lost funding and staff. Officials in one state agency said private providers administering services to families in the child welfare system have limited budgets, and delays in paying for their services due to child welfare agency budget cuts can be a significant setback for these providers.

Lastly, officials we interviewed in three state and three local child welfare agencies reported concerns about older youth who will or have transitioned out of foster care, for example, because these youth may have lost jobs and housing and have few support networks on which they can rely. Officials in one local agency said many older youth lost jobs waiting tables in restaurants, and needed financial and housing assistance due to these lost wages. Officials in another local agency shared that some older youth in foster care encountered issues with housing as their colleges and dorms closed.<sup>25</sup>

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<sup>25</sup>We previously reported that older youth in foster care may face hardships, including physical or psychological trauma which may affect their mental health. Additionally, they faced housing instability and higher rates of other economic hardships compared with the general population. See GAO, *Foster Care: States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21*, [GAO-19-411](#) (Washington, D.C.: May 21, 2019).

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## Aided by Supports from HHS, Child Welfare Agencies Reported Navigating Pandemic Challenges by Increasing Assistance to Families and Using Virtual Services

With the help of federal funding and other supports from HHS, child welfare agencies reported they primarily navigated challenges during the pandemic by increasing assistance to families and others in the child welfare system, and using remote work, virtual services, and PPE. For example, all states received federal funds under the CARES Act for child welfare services, and reports that the states submitted to ACF in July 2020 on ways they planned to use these funds were consistent with the actions reported by child welfare officials in our survey of 53 states and in our interviews with five state and 10 local agencies.<sup>26</sup> States are required by ACF to report on the actual use of these funds in their Annual Progress and Services Reports in June 2021 and 2022.

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### Supports from HHS

All states received federal funds from ACF to help them respond to the pandemic, in addition to state and other funds they may have used.<sup>27</sup> ACF distributed \$45 million provided under the CARES Act for child welfare services in April 2020. The amounts states received ranged from \$15,686 to \$4,690,717 with a median of \$631,809. More recently, ACF distributed funds under the Supporting Foster Youth and Families through the Pandemic Act. This included \$400 million to help support older youth in foster care as well as \$85 million to promote safe and stable families and address court improvements, distributed in February and March 2021, respectively.<sup>28</sup> For additional information on federal funding

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<sup>26</sup>The most common ways states reported that they may use some or all of their funds were to provide financial and other assistance to families, foster care providers, and older youth in foster care (29 states); purchase technology to help facilitate remote work and virtual services (27 states), and purchase PPE for staff and families (22 states).

<sup>27</sup>Our analysis of federal funds provided to states in this report included the 50 states and the District of Columbia. We did not examine funds provided to territories, tribes, and tribal organizations. We also did not examine non-federal funding sources, though officials in many of our interviews with state and local child welfare agencies told us that they had responded to the pandemic with additional or reprioritized state and local funding as well as private funding and donations.

<sup>28</sup>Of the \$400 million, \$344 million was provided for the John H. Chafee Foster Care Program for Successful Transition to Adulthood, \$50 million was provided for the Education and Training Vouchers program, and the remaining \$6 million was reserved for ACF's technical assistance and evaluation activities under Title IV-E. Of the \$85 million, \$75 million was provided for the MaryLee Allen Promoting Safe and Stable Families program, \$9.5 million for the State Court Improvement Program, and the remaining \$500,000 for tribal court improvement activities.

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provided to states for child welfare services during the pandemic and specific amounts provided to each state, see appendices I and II.

In addition to these funds, ACF provided various flexibilities, guidance, and other supports that helped child welfare agencies adapt their work and navigate pandemic challenges.<sup>29</sup> For example, beginning in March 2020, ACF provided flexibilities for child welfare agencies to virtually conduct required caseworker visits with children in foster care. Officials we interviewed in all of the five state and 10 local agencies described how they used these flexibilities to reduce in-person contact and thus health risks to staff and families. In another example, ACF provided flexibilities for agencies, beginning in May 2020, to extend federal support to youth in foster care up to age 21, such as waiving education and employment requirements for youth if they are unable to meet them due to the pandemic.<sup>30</sup> Officials in two state agencies and one local agency discussed their appreciation of these flexibilities, which allowed them to continue supporting older youth in foster care who may have lost jobs or housing because of the pandemic. For additional information on ACF supports to help child welfare agencies address challenges during the pandemic, see appendix III.

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## Increasing Assistance to Families and Others in the Child Welfare System

Child welfare officials in the states we surveyed and officials we interviewed in three state and seven local child welfare agencies reported that they had increased outreach and provided supports to families. Such actions could help address concerns about unreported child abuse and neglect. For example, officials in 35 of the 53 states we surveyed reported that, in response to the pandemic, most of the agencies in their state had specifically reached out to support families who had previously been in contact with the agency (e.g., for an investigation), but did not have a

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<sup>29</sup>ACF officials told us they were able to provide flexibilities to states under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, which allows federal agencies to modify or waive administrative conditions of federal assistance programs under certain limited circumstances. See 42 U.S.C. § 5141. Officials said they have yet to determine when and whether to end the flexibilities provided, given that the pandemic is ongoing.

<sup>30</sup>The Supporting Foster Youth and Families through the Pandemic Act subsequently provided additional supports for older youth in foster care. For example, it (1) prohibited child welfare agencies receiving federal funds under Title IV-E from requiring a youth to leave foster care solely due to age from December 27, 2020 through September 30, 2021, (2) required these agencies to allow any youth who had previously left foster care due to their age to voluntarily re-enter, and (3) prohibited agencies from determining a youth ineligible for Title IV-E foster care maintenance payments due to age or failure to meet education and employment requirements from December 27, 2020 through September 30, 2021, among other provisions.

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Officials in one local child welfare agency described how the pandemic underscored the importance of helping families in order to prevent children in these families from entering the foster care system. They said the immediate needs of families included assistance with rent, food, diapers, and formula.

Source: GAO interviews. | GAO-21-483

child currently in foster care. Officials we interviewed in one state and eight local child welfare agencies explained that families, including those who have previously been investigated for child abuse or neglect, may be particularly vulnerable during times of financial need and social isolation. They said these families need concrete assistance and support, which officials in a few agencies said can help prevent situations that may ultimately result in a child entering foster care. Officials in one local agency said they had reached out to over 5,000 families to offer help with any needs. Officials in another state agency said their state had provided funds directly to families, and to resource centers to connect families with parenting supports and help them apply for financial and food assistance programs. Officials in one state and six local agencies also said they had engaged others, such as teachers, doctors, and law enforcement to help look for signs of family distress so the agency could reach out and offer help.

Officials we interviewed in many of the state and local child welfare agencies also reported that they provided direct supports to foster families and providers as well as to older youth in foster care. Such supports could help address the economic impacts of the pandemic. For example:

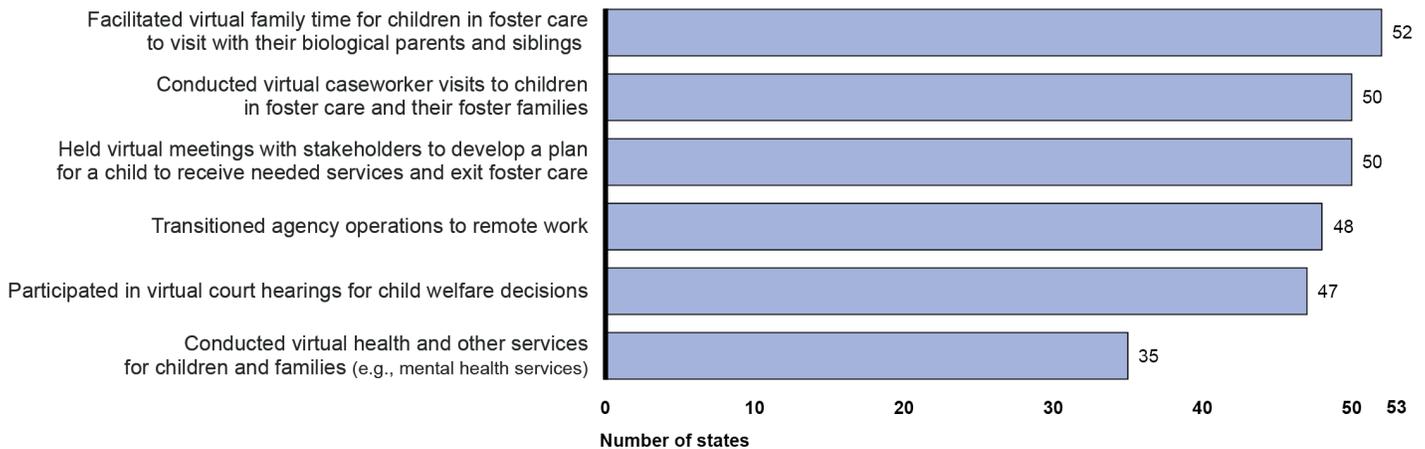
- Officials in two state and three local agencies said they increased payment rates for certain foster families. Officials in one local agency said they paid foster families a higher rate for 30 days if the family took children who had been exposed to or tested positive for COVID-19 to compensate for the increased health risks and higher level of care for the child.
- Officials in three state agencies and one local agency said they increased payment rates for providers caring for children in congregate settings. Officials in one state agency explained that congregate care providers have incurred extra costs during the pandemic, such as for more staff and PPE, as children are spending more time in their placements and in need of care due to school closures.
- Officials in 49 of 53 states reported in our survey that most agencies in their state enhanced outreach and supports to older youth in foster care who are aging out of the system. Officials in one local agency said they contacted older youth on a daily basis and provided up to \$6,500 per youth to help with rent and transportation costs. Officials in another state agency said their state had worked on an agreement

with local colleges to allow youth in foster care to stay on campus, even with the closure of dorms and other college housing facilities.

## Using Remote Work, Virtual Services, and PPE

Child welfare officials in our survey and officials we interviewed in all of the state and local child welfare agencies reported that their agencies implemented remote work and virtual services, which could help reduce health risks to staff and families as well as address disruptions to court, health, and other services. Officials in our survey reported that most of the agencies in their state had implemented various forms of remote work and virtual services in response to the pandemic, from facilitating time for children in foster care to visit virtually with their biological families to conducting virtual health services (see fig. 2).

**Figure 2: Remote Work and Virtual Services Reported to Have Been Implemented by Most Child Welfare Agencies in Response to the COVID-19 Pandemic in States GAO Surveyed, February 2021**



Source: GAO survey of state child welfare administrators in the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. | GAO-21-483

Officials we interviewed in all of the state and local child welfare agencies described actions they took as well as modifications they made in moving to a virtual environment. For example:

- Officials in four of the five state and six of the 10 local agencies said their agencies acquired technology, such as laptops, cellphones, licenses for videoconferencing platforms, and internet access. Officials in one local agency said these investments helped them move staff responsible for receiving phone calls on their child abuse hotline to receiving calls while working at home. These officials also

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described a statewide effort to provide technology to children in foster care so they could participate in caseworker visits, court hearings, telehealth appointments, and remote learning.

- Officials in three state and five local agencies said they made modifications to their work because of the virtual environment. Officials in several state and local agencies said they increased the frequency of virtual caseworker visits, for example, to weekly from monthly, to ensure the well-being and safety of children in foster care. Officials in a few agencies also described facilitating more frequent virtual family visits, such as 15 minute video calls for parents to spend time with their children.
- Officials in four state and seven local agencies described steps they and their courts took to move to a virtual environment. For example, officials in one local agency said they had to determine how to get participants to sign documents virtually, and officials in another local agency said they had to find a way to record court proceedings virtually.
- Officials in most state and local agencies also described efforts to provide technology to children and families or set up access points so they could participate in court and other virtual services, such as at courthouses or in caseworkers' offices.

Officials we interviewed in all of the state and local child welfare agencies also discussed considerations they made in determining whether in-person work was needed, and how they prioritized PPE for child welfare staff, children, and families. For example, officials in three of the five state and all 10 local agencies said they continued in-person investigations of possible child abuse and neglect, since they said investigators in their jurisdictions must visit families and physically observe the home environment to assess child safety. Officials in several state and local agencies described protocols they developed to screen families for COVID-19 exposure when determining whether to conduct an in-person versus a virtual caseworker visit. During in-person visits, officials in most of the agencies described measures investigators and caseworkers took to meet with children and families outdoors and to provide PPE to all those involved, when possible. In our survey, officials in 39 of 53 states reported that most agencies in their state had obtained or used the designation of essential workers for child welfare staff to increase access to PPE. Officials in a few agencies said this designation was helpful at the beginning of the pandemic when PPE was scarce.

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As the pandemic continued, officials in three state and seven local agencies told us that their staff had begun to work in the office and resume in-person visits. For example, officials in one local agency said they were back in the office beginning July 2020 at a 50 percent capacity. Officials in another local agency said all caseworker visits were conducted in person with the appropriate PPE as of December 2020, except in cases where a child or their foster family had a known exposure to COVID-19.

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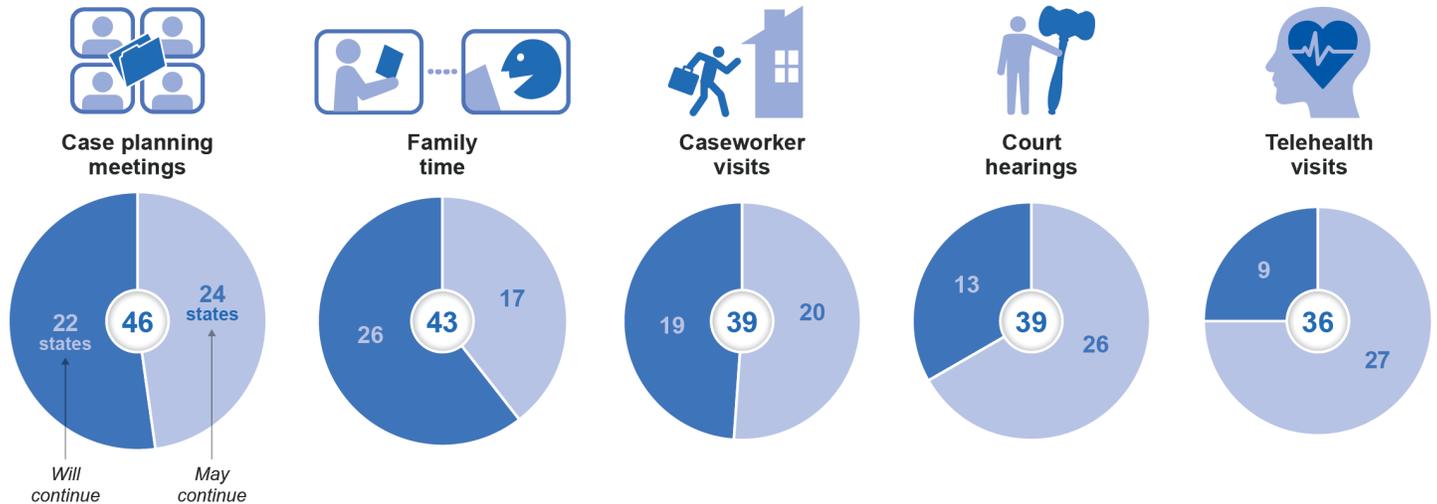
**Child Welfare  
Agencies Reported  
that they May  
Continue Practices to  
Enhance Virtual  
Services,  
Partnerships, and  
Disaster Plans, and  
HHS Provided  
Needed Guidance**

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**Continuing Virtual  
Services**

Child welfare officials in the 53 states we surveyed reported that they may continue providing various forms of virtual services after the pandemic ends (see fig. 3).

**Figure 3: Virtual Services Child Welfare Agencies Reported they May Continue after the COVID-19 Pandemic in States GAO Surveyed, February 2021**



Source: GAO survey of state child welfare administrators in the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. | GAO-21-483

Officials in one local agency said their use of virtual services resulted in a better relationship between a biological and foster family. They described working with the foster family to create a virtual “safe space” in their home to facilitate family time between a child in their care and the child’s biological family. They said this allowed the foster family to get to know the biological family, which resulted in the biological family becoming more comfortable with the foster family adopting the child. The biological family agreed to serve as a respite care resource to stay involved in the child’s life.

Source: GAO interviews. | GAO-21-483

Officials in four of the five state and eight of the 10 local child welfare agencies also indicated that they were planning to continue providing virtual services, which were seldom used in the past. In addition, they described the benefits they observed in using these services during the pandemic. For example:

- Officials in four state and six local agencies said holding virtual meetings improved participation and saved time for staff and families. For example, officials in several agencies observed more participation from family members in meetings to develop plans for children in foster care to receive needed services and exit the system. Officials in a few agencies said the increased participation was likely because family members did not have to overcome obstacles such as transportation, finding child care, or missing work to attend meetings when the meetings were virtual.
- Officials in two state and six local agencies said virtual services enabled them to provide more options for children in foster care to spend time with their biological parents and siblings. For example, officials in a few agencies described using virtual platforms to allow parents to read bedtime stories to their children and have family dinners on a regular basis.

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- Officials in one state agency said virtual court hearings were easier and less intimidating for families to attend, and allowed court officials to observe children playing in their home environments.
  - Officials in one local agency described how telehealth options improved access to health care for children and families, particularly in rural communities where providers may be scarce and medical facilities may not be located nearby.

While officials we interviewed in the five state and 10 local child welfare agencies said virtual services can help families stay connected, officials in all of these agencies discussed considerations for determining when these services are appropriate. Officials in nearly all state and local agencies said virtual services may not be appropriate in instances where staff must assess child safety and living conditions, such as during child abuse and neglect investigations. In addition, officials in several agencies said certain children, including those who are younger or have higher needs, may not be best served by virtual services. Officials in one local agency said teleconferences are not a desirable option for facilitating attachment and bonding between children and their biological parents and siblings, particularly for infants and toddlers. Lastly, officials in nearly all the state and local agencies discussed how the shift to virtual services during the pandemic highlighted disparities in access to technology. Officials in three state and four local agencies said these disparities would need to be further addressed as child welfare agencies consider using virtual services in the future.

Child welfare officials in 44 of the 53 states we surveyed reported that additional guidance on providing virtual services would be very or extremely helpful, and ACF has provided various guidance and supports in this area. For example, beginning in March 2020, ACF held various peer-to-peer roundtable events and webinars on responses to the pandemic that included information about virtual visits and services. ACF's Capacity Building Center for Courts also published guidance in April 2020 on best practices for virtual hearings in child welfare cases. Lastly, beginning in April 2020, ACF published numerous tip sheets and guides for child welfare agencies on topics such as supporting virtual family time; promoting effective virtual and phone engagement with children, caregivers, and families in times of crisis; and technological tools and tips for facilitating virtual meetings. ACF officials said they will continue to develop tools, information, and resources and facilitate information sharing among states related to ongoing challenges and lessons learned from the pandemic, including on the use of virtual

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services. For additional information on ACF supports to help child welfare agencies implement practices based on what they learned from the pandemic, see appendix III.

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## Strengthening Stakeholder Partnerships

Child welfare officials in 50 of the 53 states we surveyed reported that they may continue efforts to strengthen stakeholder partnerships. For example, officials reported that most child welfare agencies in their state forged partnerships with community organizations during the pandemic to provide services to families at risk of entering the foster care system (42 states), as well as partnerships with other government entities, such as health and education departments (47 states). Officials we interviewed in all five state and 10 local child welfare agencies also highlighted the importance of communication and partnerships in responding to the pandemic, including efforts to continue strengthening the partnerships they developed. For example:

- Officials in all of the state and local agencies described how increased communication was needed to address the concerns and needs of multiple stakeholders in a continually changing environment. These stakeholders included child welfare managers, staff, private foster care providers, congregate care providers, families, and children and youth in foster care. Officials in one local agency described how they provided staff with daily or weekly updates on how to operate during the pandemic, met regularly with community partners about ways to help families, and had continuous conversations with foster families to help address their concerns about health risks.
- Officials in one local agency discussed how they increased communication among staff to share information and provide moral support. They explained that the pandemic significantly affected their community because many people worked in meatpacking plants that experienced COVID-19 outbreaks, and staff also feared they would expose their own families to the virus.
- Officials in four of the five state and eight of the 10 local agencies described partnerships they strengthened to assist families experiencing financial distress or social isolation during the pandemic. Officials in one local agency told us about their work with non-profit organizations in their area to deliver food and other needed items to families. Officials in another local agency discussed partnerships they formed with other local officials in social services and education to ensure families had access to any available financial resources or technology in order to stay connected.

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ACF officials also underscored the importance of strengthening stakeholder communication and partnerships moving forward from the pandemic, and provided a number of supports in this area. For example, ACF officials said they have maintained regular communication with child welfare agencies and other stakeholders to share information on pandemic response, continuing challenges, and lessons learned. Officials we interviewed in two of the five state child welfare agencies said they appreciated the frequent phone calls with ACF officials. For example, officials in one state agency said the phone calls facilitated by their ACF regional office allowed child welfare administrators in their region to coordinate and share “real-time” information about strategies they took to respond to the pandemic. In addition, ACF published guidance in January 2021 that shared lessons learned from the pandemic. This guidance discussed gaps within human services delivery systems and highlighted the need for flexibilities with federal requirements to aid pandemic response. It also acknowledged a severe and disproportionate impact of the pandemic on families and communities of color in illness, fatalities, and increased economic hardship, which it said reflected pre-existing systemic disparities. Among other actions, HHS encouraged agencies, organizations, and entities to work together across disciplines to ensure that equity, access, inclusion, participation, and support are central aspects of all family-serving agencies.<sup>31</sup>

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## Updating Disaster Plans

Child welfare officials in 49 of the 53 states we surveyed reported that they may continue to develop guidance or update disaster plans to be better prepared in the future. For example, officials in 48 states reported that most child welfare agencies in their state had developed guidance or updated disaster plans to address COVID-19 related procedures, such as how to prioritize PPE and isolate those who are ill. Officials we interviewed in all of the five state and 10 local child welfare agencies discussed being unprepared for a widespread pandemic, and officials in several agencies said they needed to update their disaster plans. For example:

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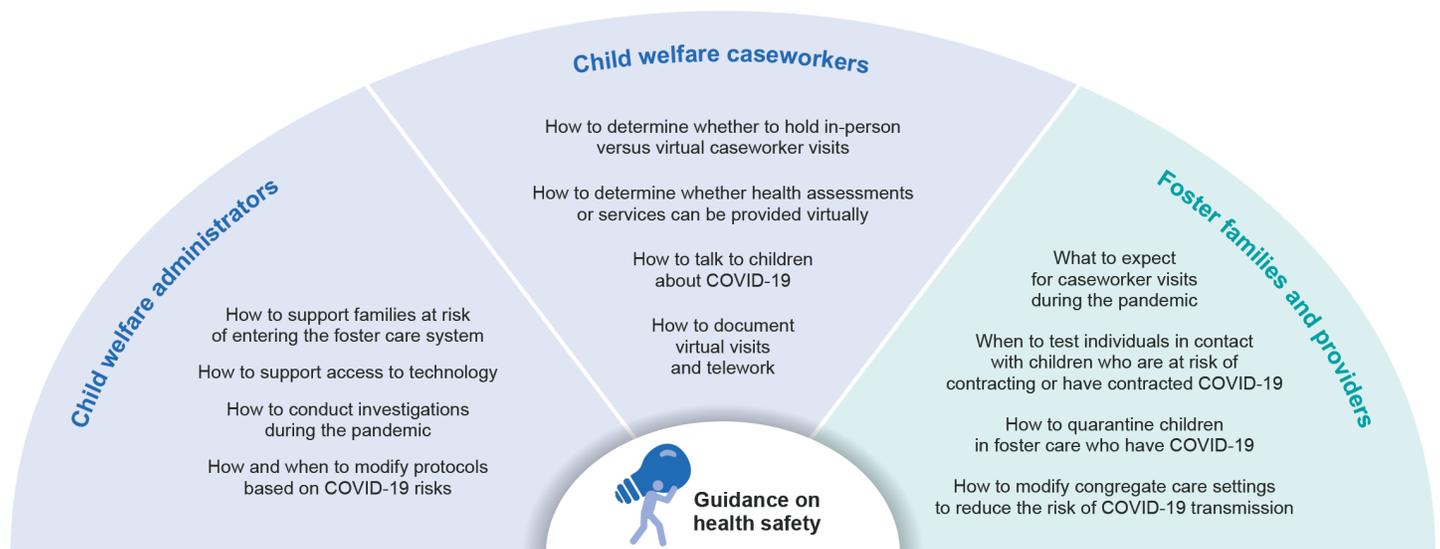
<sup>31</sup>See Department of Health and Human Services, *Emerging Transformed: Taking Lessons from the COVID-19 Pandemic to Create More Just, Equitable, Proactive, and Integrated Approaches to Supporting Families and Ensuring Child and Family Health and Well-being*, ACYF-CB-IM-21-03 (Washington, D.C.: Jan. 12, 2021).

Officials in one state child welfare agency described their disaster plans at the beginning of the pandemic as “glorified phone trees” that were used to call the appropriate people to make decisions. Officials said it would have been helpful if their plans had addressed how to designate essential personnel and prioritize equipment, and what information should be communicated to staff, families, children, and providers in advance.

Source: GAO interviews. | GAO-21-483

- Officials in four state and eight local agencies said their existing plans focused on region-specific disasters, such as hurricanes, wildfires, and terrorist attacks. In these types of disasters, places not affected by the event can help provide staff, supplies, and other supports, said officials in one state agency. However, officials in five state and nine local agencies described how the pandemic affected all aspects of work in all locations for a long duration, and revealed gaps in needed supplies, particularly technology and PPE.
- Officials in all five state and 10 local agencies described their efforts to rapidly secure needed supplies and continue services to children and families, and officials in many of these agencies also said they developed guidance on health safety as they learned more about COVID-19. Officials in five state and five local agencies said the guidance they developed could be useful in the future. This included guidance on how to support families at risk of entering the foster care system and how to respond when someone becomes ill (see fig. 4).

**Figure 4: Examples of Guidance on Health Safety Developed by Child Welfare Agencies in Five Selected States in Response to the COVID-19 Pandemic**



Source: GAO summary of information provided by child welfare officials in California, Florida, Illinois, New York, and Texas. | GAO-21-483

Child welfare officials in 39 of the 53 states we surveyed reported that additional guidance on disaster planning would be very or extremely helpful, and ACF has provided guidance and supports in this area. For example, beginning in April 2020, ACF published resources and guidance

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on topics such as prioritizing resources in a disaster and moving from in-person to remote work. In addition, beginning in December 2020, ACF held various webinars on lessons learned in responding to disasters, as well as on disaster planning, response, and recovery. ACF plans to publish updated guidance by fall 2021 on coping with disasters and strengthening child welfare systems, including tools child welfare agencies can use to facilitate planning.

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## Agency Comments

We provided a draft of this report to the Secretary of HHS for review and comment. HHS provided technical comments, which we incorporated as appropriate.

We are sending copies to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. The report will also be available at no charge on the GAO website at [www.gao.gov](http://www.gao.gov).

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



Kathryn Larin, Director  
Education, Workforce, and Income Security Issues

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*List of Committees*

The Honorable Patrick Leahy  
Chairman  
The Honorable Richard Shelby  
Vice Chairman  
Committee on Appropriations  
United States Senate

The Honorable Ron Wyden  
Chairman  
The Honorable Mike Crapo  
Ranking Member  
Committee on Finance  
United States Senate

The Honorable Patty Murray  
Chairwoman  
The Honorable Richard Burr  
Ranking Member  
Committee on Health, Education, Labor, and Pensions  
United States Senate

The Honorable Gary C. Peters  
Chairman  
The Honorable Rob Portman  
Ranking Member  
Committee on Homeland Security and Governmental Affairs  
United States Senate

The Honorable Rosa DeLauro  
Chairwoman  
The Honorable Kay Granger  
Ranking Member  
Committee on Appropriations  
House of Representatives

The Honorable Robert C. "Bobby" Scott  
Chairman  
The Honorable Virginia Foxx  
Republican Leader  
Committee on Education and Labor  
House of Representatives

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The Honorable Frank Pallone, Jr.  
Chairman  
The Honorable Cathy McMorris Rodgers  
Republican Leader  
Committee on Energy and Commerce  
House of Representatives

The Honorable Bennie G. Thompson  
Chairman  
The Honorable John Katko  
Ranking Member  
Committee on Homeland Security  
House of Representatives

The Honorable Carolyn B. Maloney  
Chairwoman  
The Honorable James Comer  
Ranking Member  
Committee on Oversight and Reform  
House of Representatives

The Honorable Richard E. Neal  
Chairman  
The Honorable Kevin Brady  
Republican Leader  
Committee on Ways and Means  
House of Representatives

# Appendix I: Federal Funding for Child Welfare Services during the Pandemic

Federal funding was appropriated for child welfare services during the COVID-19 pandemic under various statutes, which was distributed by the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF). This funding was in addition to the annual appropriations received by HHS. These funds were directed to be used for a number of programs under Titles IV-E and IV-B of the Social Security Act (see table 1).

**Table 1: Examples of Federal Funding Distributed by HHS for Child Welfare Services during the COVID-19 Pandemic**

Authorizing legislation	Additional COVID-19 related funding	Program purposes	HHS distribution <sup>a</sup>
Families First Coronavirus Response Act	Federal share of costs for the Title IV-E Foster Care, Adoption Assistance, and Guardianship Assistance program increased by 6.2 percent <sup>b</sup>	Provides funds to states to cover a portion of costs for operating foster care, adoption assistance, and guardianship assistance programs	Full amount to be determined <sup>c</sup>
CARES Act	\$45 million for Title IV-B Subpart 1, the Stephanie Tubbs Jones Child Welfare Services program	Provides funds to states for the following purposes: (1) protect and promote the welfare of all children; (2) prevent the abuse, neglect, and exploitation of children; (3) support at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promote the safety, permanence, and well-being of children in foster care and adoptive families; and (5) provide training, professional development and support to ensure a well-qualified child welfare workforce	Distributed April 2020 Amounts states received ranged from \$15,686 to \$4,690,717 with a median of \$631,809
Supporting Foster Youth and Families through the Pandemic Act	Federal share of costs for certain Title IV-E Prevention and Kinship Navigator programs increased to 100 percent <sup>d</sup>	Provides funds to states to cover a portion of costs for services intended to enhance support to children and families and prevent foster care placements, if such services meet evidence-based requirements determined by HHS; services can include mental health, substance abuse treatment, in-home parent skill-based, and kinship navigator programs	Full amount to be determined <sup>e</sup>
	\$400 million to help support older youth in foster care under the Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers programs	Provides funds to states for independent living services, such as mentoring, educational assistance, and vocational training, to support older youth in foster care and youth who have recently left foster care, as well as for education and training vouchers to help eligible youth pay for college, career school, or training	Distributed in February 2021 <sup>f</sup> Amounts states received under the Chafee Foster Care Program for Successful Transition to Adulthood ranged from \$464,109 to \$41,280,026 with a median of \$4,302,679 Amounts states received under the Education and Training Vouchers program ranged from \$67,458 to \$6,000,004 with a median of \$625,389

**Appendix I: Federal Funding for Child Welfare Services during the Pandemic**

Authorizing legislation	Additional COVID-19 related funding	Program purposes	HHS distribution <sup>a</sup>
	\$85 million to promote safe and stable families and address state court improvements under Title IV-B Subpart 2, the MaryLee Allen Promoting Safe and Stable Families program	Provides funds to states to (1) provide supportive services to prevent child maltreatment among at-risk families, (2) assure children’s safety at home and preserve intact families in which children have been maltreated, when the family’s problems can be addressed effectively, (3) address problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner, and (4) provide support services as necessary to adoptive families so that they can make a lifetime commitment to their children; also provides funds to states to improve state court processes related to foster care and adoptions	Distributed in March 2021 <sup>9</sup> Amounts states received under the MaryLee Allen Promoting Safe and Stable Families program ranged from \$57,345 to \$8,319,214 with a median of \$1,007,723 Amounts states received for state court improvements ranged from \$93,375 to \$686,351 with a median of \$152,921

Source: GAO summary of information from federal laws and the Department of Health and Human Services (HHS). | GAO-21-483

<sup>a</sup>Our analysis of federal funds provided to states in this report included the 50 states and the District of Columbia. We did not examine funds provided to territories, tribes, and tribal organizations, though they may provide child welfare services and receive federal support for their programs.

<sup>b</sup>These funds were made available to states by temporarily increasing the federal medical assistance percentage, which is used in determining the federal share of expenditures for Title IV-E Foster Care, Adoption Assistance, and Guardianship Assistance programs. The expanded support is available to eligible states retroactively to January 27, 2020, and will remain in place until the last day of the calendar year quarter in which the public health emergency period ends. Pub. L. No. 116-127, § 6008(a), 134 Stat. 178, 208 (2020). The Supporting Foster Youth and Families through the Pandemic Act also extended supports based on the federal medical assistance percentage to the District of Columbia and states with Title IV-E demonstration waivers. Pub. L. No. 116-620, 134 Stat. at 2417.

<sup>c</sup>ACF officials estimated that states received an additional \$459 million as of February 2021. States submit claims to ACF to be reimbursed for a portion of costs for child welfare programs funded under Title IV-E. ACF officials said the actual amounts provided to states may change as states make adjustments to their claims over time. ACF also conducts periodic Title IV-E reviews to ensure that federal funds are provided to states on behalf of eligible children, though it announced in April 2020 that these reviews have been postponed indefinitely due to the pandemic. ACF officials told us they would continue assessing states’ circumstances when determining when to resume the reviews, and that the agency has historically accounted for flexibilities provided to states during disasters when conducting reviews.

<sup>d</sup>The expanded support is available to eligible states retroactively to April 1, 2020 through September 30, 2021.

<sup>e</sup>ACF officials projected that states may receive nearly \$21 million for their prevention programs through June 30, 2021. ACF officials said the actual amounts provided to states may change, for example, because more states may submit claims to be reimbursed for their programs. ACF officials said prior to the pandemic, no states had submitted claims for their kinship navigator programs because no programs had met evidence-based requirements for federal funding. ACF provided flexibilities to help states continue their efforts to meet evidence-based requirements during the pandemic, though officials in three of the five state child welfare agencies with whom we conducted interviews expressed uncertainty about their ability to do so, given shifting priorities. The Supporting Foster Youth and Families through the Pandemic Act temporarily waived evidence-based requirements for kinship navigator programs.

<sup>f</sup>Of this amount, \$344 million was provided for the John H. Chafee Foster Care Program for Successful Transition to Adulthood, \$50 million was provided for the Education and Training Vouchers program, and the remaining \$6 million was reserved for ACF’s technical assistance and evaluation activities.

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**Appendix I: Federal Funding for Child Welfare  
Services during the Pandemic**

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<sup>9</sup>Of this amount, \$75 million was provided for the MaryLee Allen Promoting Safe and Stable Families program, \$9.5 million for the State Court Improvement program, and the remaining \$500,000 for tribal court improvement activities.

# Appendix II: Federal Funding Amounts Distributed to States for Child Welfare Services during the Pandemic

Congress provided additional funds to support child welfare agencies during the pandemic. Among these supports, the CARES Act included \$45 million for child welfare services as authorized by Title IV-B Subpart 1 to prevent, prepare for, and respond to COVID-19. In addition, the Supporting Foster Youth and Families through the Pandemic Act included \$400 million to help support older youth in foster care, with \$50 million designated for education and training vouchers for these youth. The Act also provided \$85 million to promote safe and stable families, including \$10 million designated for court improvement programs. Table 2 details the amounts provided to the 50 states and the District of Columbia for these provisions.<sup>1</sup>

**Table 2: Federal Funding Amounts Distributed to States for Child Welfare Services during the COVID-19 Pandemic from Appropriations under Selected Statutes**

State	Amount provided under the CARES Act for the Stephanie Tubbs Jones Child Welfare Services program	Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to help support older youth in foster care		Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to promote safe and stable families	
		John H. Chafee Foster Care Program for Successful Transition to Adulthood	Education and Training Vouchers program	MaryLee Allen Promoting Safe and Stable Families program	State Court Improvement program
Alabama	\$794,578	\$4,659,625	\$677,271	\$1,434,197	\$158,827
Alaska	\$15,686	\$2,319,740	\$337,172	\$146,420	\$96,891
Arizona	\$1,005,282	\$10,452,735	\$1,540,836	\$1,597,355	\$196,601
Arkansas	\$506,915	\$3,325,310	\$483,330	\$724,416	\$132,239
California	\$4,580,101	\$41,280,026	\$6,000,004	\$7,844,858	\$686,351
Colorado	\$714,583	\$4,302,679	\$625,389	\$847,869	\$170,327
Connecticut	\$276,116	\$3,491,294	\$507,455	\$552,458	\$135,849
Delaware	\$127,441	\$464,109	\$67,458	\$244,094	\$98,879
District of Columbia	\$48,985	\$541,461	\$78,701	\$164,951	\$94,219
Florida	\$2,727,901	\$19,791,518	\$2,876,674	\$5,028,565	\$370,811
Georgia	\$1,729,109	\$10,367,523	\$1,506,907	\$2,954,126	\$254,844
Hawaii	\$176,363	\$1,374,601	\$199,797	\$265,125	\$104,988
Idaho	\$304,731	\$1,411,666	\$205,184	\$315,933	\$114,900

<sup>1</sup>For additional information on the purposes for which these funds can be used, see appendix I. We did not examine funds provided to territories, tribes, or tribal organizations in our report, though ACF documents show that territories, tribes, and tribal organizations also received federal funds.

**Appendix II: Federal Funding Amounts  
Distributed to States for Child Welfare Services  
during the Pandemic**

State	Amount provided under the CARES Act for the Stephanie Tubbs Jones Child Welfare Services program	Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to help support older youth in foster care		Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to promote safe and stable families	
		John H. Chafee Foster Care Program for Successful Transition to Adulthood	Education and Training Vouchers program	MaryLee Allen Promoting Safe and Stable Families program	State Court Improvement program
Illinois	\$1,625,609	\$14,758,834	\$2,145,179	\$3,234,488	\$275,751
Indiana	\$1,068,762	\$13,139,286	\$1,909,780	\$1,223,351	\$191,856
Iowa	\$476,722	\$4,798,212	\$697,415	\$610,050	\$134,767
Kansas	\$443,475	\$6,475,743	\$941,241	\$411,268	\$132,635
Kentucky	\$732,995	\$7,370,957	\$1,071,360	\$1,015,242	\$152,921
Louisiana	\$739,882	\$3,157,715	\$458,970	\$1,694,360	\$157,747
Maine	\$164,476	\$1,688,842	\$245,471	\$225,795	\$102,101
Maryland	\$664,640	\$3,094,061	\$449,718	\$1,104,067	\$175,175
Massachusetts	\$596,272	\$7,946,259	\$1,154,979	\$1,084,133	\$180,764
Michigan	\$1,424,370	\$9,403,852	\$1,366,839	\$1,981,268	\$231,521
Minnesota	\$720,287	\$6,768,259	\$983,759	\$772,035	\$172,407
Mississippi	\$540,246	\$3,352,706	\$487,312	\$1,007,723	\$132,313
Missouri	\$931,147	\$10,220,877	\$1,485,593	\$1,345,900	\$177,696
Montana	\$108,741	\$2,978,840	\$432,971	\$186,465	\$100,469
Nebraska	\$277,744	\$2,796,128	\$406,414	\$335,617	\$117,165
Nevada	\$445,939	\$3,658,889	\$531,815	\$746,384	\$130,732
New Hampshire	\$137,578	\$987,038	\$143,465	\$138,505	\$102,856
New Jersey	\$881,540	\$3,569,451	\$518,816	\$1,430,012	\$215,068
New Mexico	\$244,677	\$1,874,163	\$272,407	\$797,668	\$117,291
New York	\$1,902,197	\$12,961,217	\$1,883,898	\$4,045,821	\$359,977
North Carolina	\$1,593,398	\$9,042,878	\$1,314,372	\$2,175,582	\$242,796
North Dakota	\$76,858	\$1,210,229	\$175,905	\$92,513	\$97,261
Ohio	\$1,710,674	\$13,203,746	\$1,919,149	\$2,442,286	\$260,139
Oklahoma	\$163,077	\$6,692,519	\$972,750	\$1,074,638	\$149,202
Oregon	\$548,639	\$5,542,398	\$805,581	\$853,069	\$143,558
Pennsylvania	\$1,570,611	\$12,509,999	\$1,818,314	\$2,738,300	\$266,250
Rhode Island	\$127,345	\$1,772,639	\$257,651	\$208,042	\$99,731
South Carolina	\$797,811	\$3,642,774	\$529,473	\$1,314,830	\$160,823
South Dakota	\$82,341	\$1,374,601	\$199,797	\$174,379	\$99,570
Tennessee	\$1,009,708	\$7,485,372	\$1,087,990	\$1,769,942	\$186,636
Texas	\$4,690,717	\$25,322,153	\$3,680,546	\$8,319,214	\$581,168

**Appendix II: Federal Funding Amounts  
Distributed to States for Child Welfare Services  
during the Pandemic**

State	Amount provided under the CARES Act for the Stephanie Tubbs Jones Child Welfare Services program	Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to help support older youth in foster care		Amount provided under the Supporting Foster Youth and Families through the Pandemic Act to promote safe and stable families	
		John H. Chafee Foster Care Program for Successful Transition to Adulthood	Education and Training Vouchers program	MaryLee Allen Promoting Safe and Stable Families program	State Court Improvement program
Utah	\$631,809	\$2,004,694	\$291,380	\$403,974	\$147,058
Vermont	\$74,778	\$1,003,153	\$145,807	\$98,477	\$93,375
Virginia	\$1,051,457	\$3,968,295	\$576,787	\$1,337,210	\$211,948
Washington	\$859,381	\$8,752,957	\$1,272,232	\$1,311,300	\$196,291
West Virginia	\$276,154	\$5,856,961	\$851,303	\$472,497	\$109,471
Wisconsin	\$782,295	\$6,157,504	\$894,986	\$1,123,698	\$171,575
Wyoming	\$61,093	\$800,911	\$116,411	\$57,345	\$93,979

Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-21-483

# Appendix III: Examples of HHS Flexibilities, Guidance, and Other Supports to Help Child Welfare Agencies during the Pandemic

Officials we interviewed in five state and 10 local child welfare agencies identified challenges they faced as well as practices they may continue based on what they learned during the COVID-19 pandemic. The Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) provided various flexibilities, guidance, and other supports to child welfare agencies throughout this time. Table 3 provides examples of these supports as they relate to the challenges and practices identified by child welfare agencies in our interviews.

**Table 3: Examples of ACF Supports to Help Child Welfare Agencies during the COVID-19 Pandemic**

ACF flexibilities, guidance, and other supports	
<b>Challenges for child welfare agencies</b>	
Concerns about unreported child abuse and neglect	<ul style="list-style-type: none"> <li>A joint letter to stakeholders with HHS's Health Resources and Services Administration on May 28, 2020 outlines concerns about the well-being of families during the pandemic and encourages continued partnerships with families and providers as well as virtual service delivery.</li> </ul>
Health risks to staff and families	<ul style="list-style-type: none"> <li>A letter to child welfare agencies on March 18, 2020 provides flexibilities for caseworkers to conduct required visits with children in foster care virtually. A letter issued on April 15, 2020 expands on these flexibilities and outlines flexibilities in how fingerprints can be collected during background checks for new foster parents.</li> <li>A letter to governors on April 17, 2020 encourages them to classify foster care caseworkers and providers as essential personnel to allow these workers greater access to personal protective equipment.</li> <li>A letter to child welfare agencies on April 17, 2020 outlines opportunities to use existing child welfare funds for personal protective equipment and cellphones to conduct work virtually.</li> <li>A webinar held jointly with the Centers for Disease Control and Prevention in June 11, 2020 provides information on child welfare staff safety during in-person interactions with families.</li> <li>A series of webinars held in July through November 2020 provides information on supporting a virtual child welfare workforce.</li> </ul>
Delays in court hearings	<ul style="list-style-type: none"> <li>A letter to child welfare legal and judicial leaders on March 27, 2020 encourages them to continue hearings for child welfare cases as required under law, and underscores the need for children in foster care to have ongoing contact with their parents.</li> <li>A letter to chief justices and state court administrators on April 14, 2020 outlines opportunities to use existing federal funds for court improvement programs to support telework and videoconferencing capabilities for virtual hearings.</li> <li>A letter to child welfare agencies and court leaders on December 4, 2020 continues to urge them to ensure that critical court hearings occur with consideration for how pandemic disruptions may affect family efforts for reunification. It also shares resources on managing child welfare cases and addressing backlogs.</li> </ul>

**Appendix III: Examples of HHS Flexibilities, Guidance, and Other Supports to Help Child Welfare Agencies during the Pandemic**

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**ACF flexibilities, guidance, and other supports**

Service disruptions for children and families

- A letter to child welfare agencies on June 23, 2020 urges them to carefully consider whether it is appropriate to terminate a parent’s rights given service disruptions during the pandemic. It also highlights some service delivery strategies.
- A letter to child welfare agencies on November 20, 2020 provides flexibilities for them to provide certain services intended to enhance support to children and families and prevent foster care placements virtually. Such services can include mental health, substance abuse treatment, in-home parent skill-based, and kinship navigator programs approved in state plans.

Impacts of the economic crisis

- A letter to child welfare agencies on March 12, 2020 encourages them to contact older and former youth in foster care in colleges or other settings who may need assistance while their campus is closed.
- A letter to child welfare agencies on April 27, 2020 encourages them to use existing flexibilities for federal funds, such as to enhance payment rates to those caring for children in foster care, provide hazard pay for caseworkers, and support older and former youth in foster care.
- Program instructions to child welfare agencies on May 8, 2020 provide flexibilities for agencies to extend federal support to youth in foster care up to age 21, such as by waiving education and employment requirements for youth if they are unable to meet them due to the pandemic.
- Program instructions to child welfare agencies on June 8, 2020 provide information on the allowable uses of and reporting requirements for funds provided under the CARES Act.
- A letter to child welfare agencies on November 18, 2020 shares information on major challenges and needed supports for older and former youth in foster care, based on 12 roundtables held with youth.
- Guidance to child welfare agencies on January 13, 2021 and March 9, 2021 provide information on additional federal funding provided under the Supporting Foster Youth and Families through the Pandemic Act.

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**Practices child welfare agencies may continue**

Continuing virtual services

- Various peer-to-peer roundtable events and webinars since March 2020 share information with child welfare stakeholders on responses to the pandemic and lessons learned with virtual visits and services.
- Guidance on April 16, 2020 through ACF’s Capacity Building Center for Courts outlines best practices for virtual hearings in child welfare cases.
- Guidance in April 2020 provides information for child welfare agencies on technological tools and tips for facilitating virtual meetings.
- Guidance in July 2020 provides tips for supporting virtual family time so children in foster care can visit with their biological parents and siblings.
- Guidance in September 2020 outlines strategies to promote effective virtual and phone engagement to support child, caregiver, and family well-being in times of crisis.

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**Appendix III: Examples of HHS Flexibilities,  
Guidance, and Other Supports to Help Child  
Welfare Agencies during the Pandemic**

<b>ACF flexibilities, guidance, and other supports</b>	
Strengthening stakeholder partnerships	<ul style="list-style-type: none"> <li>Regular communication among child welfare agencies and other stakeholders provides opportunities to share information on pandemic response, continuing challenges, and lessons learned.</li> <li>Websites and newsletters, including via ACF's Child Welfare Information Gateway, share information with child welfare stakeholders on lessons learned, state practices, and other resources.</li> <li>Guidance on January 12, 2021 shares lessons learned from the pandemic and highlights strategies and opportunities for family-serving agencies and stakeholders to create equitable, proactive, and integrated approaches to support children and families.</li> </ul>
Updating disaster plans	<ul style="list-style-type: none"> <li>Various guidance documents issued since April 2020 address topics including prioritizing resources in a disaster, pivoting practices (e.g., moving from in-person to remote work), and planning for future disasters.</li> <li>Various webinars since December 2020 provide information such as on lessons learned in responding to disasters and disaster planning, response, and recovery.</li> <li>Guidance planned to be issued by fall 2021 updates prior guidance for child welfare agencies on coping with disasters and strengthening child welfare systems, including tools agencies can use to facilitate planning.</li> </ul>

Source: GAO analysis of information from the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) and obtained in interviews with officials in state and local child welfare agencies in five selected states. | GAO-21-483

Note: We included examples of flexibilities, guidance, and other supports developed during the pandemic, though supports ACF provided prior to the pandemic may also address the challenges and lessons learned that were identified by child welfare agencies. Further, we included each support once, though some may relate to multiple challenges and lessons learned.

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# Appendix IV: GAO Contact and Staff Acknowledgments

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## GAO Contact

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## Staff Acknowledgments

In addition to the contact named above, the following staff members made key contributions to this report: Elizabeth Morrison (Assistant Director), Nhi Nguyen (Analyst-in-Charge), Lauren Gomez, and Ada Nwadugbo. Also contributing to this report were Susan Aschoff, James Bennett, Joyce Harvey, Morgan Jones, David Lin, Jean McSween, Jessica Orr, Steven Putansu, James Rebbe, Monica Savoy, and Almeta Spencer.

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